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Developed By: Medical Criteria Committee	

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Approved: _____
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Description:

Reconstructive breast surgery is performed following a mastectomy, lumpectomy or prophylactic mastectomy for high-risk patients to re-establish symmetry between the two breasts. It includes reconstruction of the mastectomy site, creation of a new breast mound and creation of a new areolar complex following removal of a breast. It also includes reconstruction of a non-diseased breast to achieve symmetry.

Policy for Reconstructive Surgery after Medically Necessary Mastectomy or Medically Necessary Lumpectomy that Results in a Significant Deformity:

In accordance with the Women's Health and Cancer Act of 1998 ODS will benefit:

1. The original reconstruction of the breast, including the areolar complex, on which the mastectomy was performed
2. The surgery and reconstruction of the opposite breast to achieve a symmetrical appearance
3. Prostheses and physical complications at all stages of the original mastectomy including all lymphedemas
4. Inpatient care related to the mastectomy and post-mastectomy services

Policy Guidelines:

Requests for additional reconstructive surgery (for either site) after the original reconstruction(s) have been completed are subject to review for medical necessity. If medical necessity is met for additional surgery per the criteria below, re-implantation of implant(s) will also be benefited. Surgery for which medical necessity cannot be established is considered cosmetic and is not covered by the plan.

Criteria for Additional Surgical Requests after the Original Reconstructive Surgery has been Completed (See also the ODS Breast Implant Removal criteria)

The following criteria must be met:

1. Documentation of one of the following:
 - a. Infection at the implant/reconstruction site
 - b. Documentation of ongoing pain or painful contractures related to the implant/reconstruction site for the past 6 months
 - c. Extruded implant
 - d. Documented intra- or extra-capsular leakage

Information to be Submitted with Pre-Authorization Request:

Clinical records from the treating physician for the past 12 months to include:

- Original diagnosis and date of mastectomy
- Phases of reconstructive surgery and completion dates
- Documentation of pain, contractures, complications or reconstruction, etc.

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References:

- Physician Advisors
- ERISA, 1974: Title IX—Women’s Health and Cancer Rights Act, Omnibus Appropriations Act of 1998. Effective October 21, 1998.
- ORA: JL E 59E, Department of Health & Human Services, Clarification of the Women’s Health and Cancer Right Act per Richard Brummel, Deputy Regional Administrator.